

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER

07R-233

BRIEF TITLE

APPROVED DEADLINE

REASON

DHS METROPOLITAN MEDICAL

RESPONSE SYSTEM AWARD

## DETAILS

## POSITIONS/RECOMMENDATIONS

Approval of the 2006 Metropolitan Medical Response System Award for the Lincoln-Lancaster County Health Department for 8/30/06-8/30/08 for \$232,330.00.

Sponsor

Program  
Departments, or  
Groups Affected

Applicants/  
Proponents

Applicant

City Department

Other

Discussion (Including Relationship to other Council Actions)

Opponents

Groups or Individuals

Basis of Opposition

Staff  
Recommendations

☐ For ☐ Against  
Reason Against

Board or  
Commission  
Recommendation

BY  
☐ For ☐ Against  
☐ No Action Taken  
☐ For with revisions or conditions  
(See Details column for conditions)

CITY COUNCIL  
ACTIONS  
(For Council Use  
Only)

☐ Pass  
☐ Pass (As Amended)  
☐ Council Sub.  
☐ Without Recommendation  
☐ Hold  
☐ Do not Pass

## DETAILS

### POLICY/PROGRAM IMPACT

|   |                                       |  |   |
|---|---------------------------------------|--|---|
|   | POLICY OR PROGRAM CHANGE              | <input type="checkbox"/> NO <input type="checkbox"/> YES |   |
|   |                                       |  |   |
|   |                                       |  |   |
|   |                                       |  |   |
|   | OPERATIONAL IMPACT ASSESSMENT         |  |   |
|   |                                       |  |   |
|   |                                       |  |   |
| FINANCES                                |                                       |  |   |
| COST AND REVENUE PROJECTIONS            | COST of total project:                | \$   |   |
|   | COST of this Ordinance/<br>Resolution | \$   |   |
|   | RELATED annual operating<br>Costs     | \$   |   |
|   | INCREASE REVENUE<br>EXPECTED/YEAR     | \$   |   |
| SOURCE OF FUNDS                         | CITY [Approximately]                  |  |   |
|   |                                       | \$   | % |
|   |                                       | \$   | % |
|   |                                       | \$   | % |
|   |                                       | \$   | % |
|   |                                       | \$   | % |
|   | NON CITY [Approximately]              |  |   |
|   |                                       | \$   | % |
|   |                                       | \$   | % |
|   |                                       | \$   | % |
| BENEFIT COST                            |                                       |  |   |
| <input type="checkbox"/> Front Foot     |                                       | Average Assessment                                       |   |
| <input type="checkbox"/> Square Foot \$ |                                       | \$   |   |

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER